

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

Rev 1

☐ New contract ☐ OTR ☐ CO ☐ SS ☐ BW ☒ Emergency ☐ Re-Bid ☐ Other

Requisition/Project No: ROCRI100018

LIVING WAGE APPLIES: YES X NO

Requisition/Project Title: Latex Gloves, Digiicare, Inc. model # 911T

TERM OF CONTRACT: Upon delivery

Description: Emergency purchase of 770 cases of 911T latex gloves, size extra large.

User Department(s): Corrections and Rehabilitation.

Issuing Department: DPM

Estimated Cost: \$99,561.00

Contact Person: A. Rodriguez Phone: 305-375-4258

Funding Source: General Funds

ANALYSIS

Commodity/Service No: 475-41

Trade/Commodity/Service Opportunities

RECEIVED
DEPT. BUSINESS DEV.
2011 JUN 29 AM 10: 17

Contract/Project History of Previous Purchases For Previous Three (3) Years
Check Here ☐ if this is a New Contract/Purchase with no Previous History

EXISTING

2ND YEAR

3RD YEAR

Contractor: American Medical Depot

Same

Small Business Enterprise: Yes

Contract Value: \$641,000

Comments: Existing contract vendor can no longer provide this glove. This emergency purchase is for MDCR current use.

Continued on another page (s): Yes No

RECOMMENDATIONS

SBE	Set-Aside	Sub-Contractor Goal	Bid Preference	Selection Factor
		%	X	
		%		
		%		
		%		

Basis of Recommendation:



SECTION #3
EMERGENCY PURCHASES

NOTE TO DEPARTMENTS: COMPLETE ITEMS MARKED WITH (▶)

▶ REQUISITION #: RQCR1100018 P.O. #: _____

BCC DATE: _____

▶ ACQUISITION DATE (Date Order Is Placed): _____

▶ TITLE:	<u>Emergency Purchase Order for Latex Gloves</u>
▶ DESCRIPTION:	<u>First Response Latex Gloves DIGITCARE ICU-T</u>
▶ PURPOSE:	<u>To provide the staff latex gloves to pat down inmates and respond to medical emergencies on daily basis.</u>

▶ Department(s):	▶ Allocation(s):
*CR	\$ 99,561.00
*	\$

▶ TERM OF CONTRACT:	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input checked="" type="checkbox"/> Five <input type="checkbox"/> Year(s)
	<input type="checkbox"/> _____ Month(s)
	<input type="checkbox"/> Contract Period From _____ to _____
	<input type="checkbox"/> Upon Completion <input checked="" type="checkbox"/> From _____ to _____
	<input type="checkbox"/> Upon Delivery <input checked="" type="checkbox"/> _____ Days A.R.O. (after Receipt of Order)

Special Conditions:	<input type="checkbox"/> Insurance Type _____
	<input type="checkbox"/> Performance/Payment Bond
	<input type="checkbox"/> Certificate of Competency
	<input type="checkbox"/> Living Wage Applies

SBE Measures:	<input type="checkbox"/> None	<input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise	Review Committee Date: _____ Item #: _____
	<input type="checkbox"/> Set Aside		
	<input type="checkbox"/> Bid Preference		
	<input type="checkbox"/> Goal		

▶ Number of Price Quotation(s): Requested: _____ Received: _____

Awarded To Low Bidder: ☒ YES ☐ NO, If "NO", provide explanation in the Comments section

Vendor: <u>Bound Tree Medical LLC</u>	Vendor: _____
Vendor: _____	Vendor: _____

Contract Value: \$99,561.00

Did Local Preference affect the outcome of the Award?	<input type="checkbox"/> YES <input type="checkbox"/> NO, if "YES", provide detailed explanation in the "Comments" section
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UAP Included: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none">• Will CITT Funds be used? <input type="checkbox"/> YES <input type="checkbox"/> NO• Will Federal Funds be used? <input type="checkbox"/> YES <input type="checkbox"/> NO• If UAP is not included, Attach written approval to waive UAP and
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VL 2XL

SECTION #3
EMERGENCY PURCHASES

provide an explanation in the "Comments" section

► **Justification and Comments:**

Miami-Dade Corrections & Rehabilitation Department requests an emergency Purchase Order to purchase 770 cases of Latex Gloves, 1,000/Case @\$129.30/case. The gloves are used to pat down inmates and respond to medical emergencies on a daily basis. These Gloves are a critical component in our effort to enable staff to complete their duties and responsibilities in a safe and secure manner.

Background/Need to Know:

On 05/05/11 a purchase order POCR1101546 was issued to American Medical Depot (AMD) for 1,200 cases of Latex Gloves under Contract # 8209-4/12-3. On 5/6/11 Mr. Rafael Rojas (AMD) informed the Department that his company will no longer be supplying Digticare ICU-T Latex Examination Gloves. Department of Procurement Management (DPM) has been informed and there is no immediate solution is available at this time, except to issue an Emergency PO.

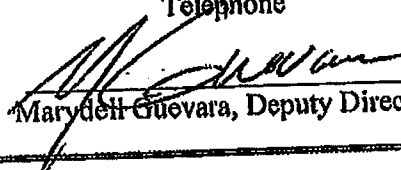
Potential Issues: Safety, Security and Health issues

► **Signature(s):**

Mohammad Haq
Contact Person

6/27/11
Date

786-263-5914
Telephone


Marydell Guevara, Deputy Director

6/28/2011
Date

Department of Procurement Management Use Only

Signatures(s):

Procurement Agent

Date

Procurement Supervisor

Date

Procurement Manager

Date

Division Director

Date

Vendor Assistance Section

Date

Attach: 1. Explanation of the emergency situation. 2. Written price quotation(s) including terms and conditions. 3. Vendor(s) Certificate of Insurance. 4. Copy of invoice(s).